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CHAPTER 13 PLAN UNITED STATES BANKRUPTCY COURT

NORTHERN DISTRICT OF MISSISSIPPI

						•	CASE NO	17-11982				
Debtor	Cynthia Gibson		SS#	xxx-xx-4442	Media	an Income	☐ Above	□ Below				
Joint D	ebtor		SS#									
Addres	ss 501 Broad Street	Greenwood, MS	38930-0000			_						
THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.												
The pla	ENT AND LENGTH n period shall be for than 60 months for	r a period of <u>60</u>			an 36 months	for below n	nedian incom	ne debtor(s),				
(A)	Debtor shall pay \$ 454.20 per bi-weekly to the Chapter 13 Trustee. Unless otherwise ordered by the Order directing payment shall be issued to Debtor's employer at the following address: Riverview Nursing Home 1600 W Claiborne Avenue											
		Greenwood MS										
		38930-0000										
(B)	Joint Debtor shall p Court, an Order dir	ecting payment s	hall be issued		nployer at the			by the				
Filed cl Interna Mississ Other/	ITY CREDITORS. aims that are not dis Il Revenue Service: sippi Dept. of Rever	snue: \$	0.00 0.00 0.00		Court as follo 0.00 0.00 0.00	ws:	_/month _/month _/month					
5007	DETITION OR IO	A.T.O.L. (1		-NONE								
	PETITION OBLIGA		•	-	-	ممام مطف						
ro be	paid direct,	tnrc	ough payroll de	eduction, or	-NONE-	i the plan.						
	ETITION ARREAR paid D				e paid the am							
below. subject	MORTGAGES. All of Absent an objection to the start date for PMTS TO: Seterus	by a party in inte	erest, the plan	will be amende ge payment pro	ed consistent v	vith the pro		ed herein,				
MTG A	RREARS TO: Sete	erus Inc	THRO		\$	1,827.00 (*Includi at <u>0.0</u>	ng interest	<u>85.13</u> /MO*				
	GAGE CLAIMS TO											
Credito		i-		x. amt. due:	1/au laa:		_ Int. Rate:	- Na				
Proper	ty Address:		Are re	lated taxes and	yor insurance	escrowed	Yes	No				
	ORTGAGE SECUR 1 U.S.C. 1325(a)(5)							` '				

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Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

portion of the claim not	paid as secured shall be	e treated a	as a general u	nsecured c	laim.		
			_				PAY VALUE
		910*	APPROX.			INT.	OR AMT.
CREDITOR'S NAME	COLLATERAL	CLM	AMT. OWE		VALUE	RATE	OWED
Capital One Auto	2008 Grand Marquis	<u> </u>	7		***************************************		
Finance	117000 miles		7,453.	00	3,724.20	5.00%	Pay Value
Santander Consumer	2006 Toyota Camry		1,4001	<u> </u>	0,124.20	3.00 / 0	1 dy Valdo
USA	65743 miles		6,774.	00	6,547.50	5.00%	Pay Value
<u> </u>	2010 Chevy Malibu		0,114.		0,547.50	3.00 /0	1 ay value
Td Auto Finance	47582 miles	Х	13,080.	00	7,992.90	5.00%	Amt. Owed
*The column for "910 C							
paragraph" of 11 U.S.C SPECIAL CLAIMANTS	. § 1325		•	· ·			
Debtor, etc. For all abar							
					uon on the de	BUL VVIIGIG II	ie proposaris
for payment, creditor me	ust file a proof of claim t	o receive	proposed pay	ment.			DD0D00ED
						_	PROPOSED
CREDITOR'S NAME	COLLATERAL			APPROX.	AMT. OWE)	TREATMENT
Tower Loan	Secured by house	ehold good	ds		2,908.0	0	0.00
STUDENT LOANS which				J.S.C. §§ 5	23(a)(8) and	1328(c) are	as follows
(such debts shall not be	included in the general	unsecure	ed total):				
CREDITOR'S NAME -NONE-	APPROX. AMT.	OWED	CONTRA	ACTUAL M	O. PMT. P	ROPOSED '	TREATMENT
GENERAL UNSECURE disallowed to receive pa \$0.00 with the Trustee to be paid nothing, absert	ED DEBTS totaling apprayment as follows:o determine the percent	oximately IN FULL	(\$ <u>11,276.30</u> (100%) or <u></u>	Such cla 0_% (perc	ent) MINIMU	IM, or a total	distribution of
Total Attorney Fees Ch							
							
Attorney Fees Previous	<u> </u>						
Attorney fees to be paid	d in plan \$	58.00					
The payment of adminis	strative costs and aforer	nentioned	l attorney fees	are to be p	oaid pursuan	t to Court or	der and/or local
Automobile Insurance (Direct General Insurance	Vallri	Attorney for Debtor (Name/Address/Phone # / Email) Vallrie Dorsey					
707 Hun 92 Maat Suita	^			Box 503	20025		
707 Hwy 82 West Suite	Α		Gree	nwood, MS	3033		
Greenwood, MS 38930							
Telephone/Fax 66245	52800		Tele	ohone/Fax	662-455-20	32	
			Facis	smile No.	662-455-20	34	
						tcy@dorsey	nates.com
			L-1110	an Addiess	- GOIDAIIKI UP	noy wadi sey	gatestoom
DATE: 1	DEDTAR	C CICKIA	TUDE	1-10	0!!		
DATE: <u>June 14, 2017</u>	DEBTOR'			/s/ Cynthia	Gibson		
	JOINT DE	BTOR'S	SIGNATURE				
	ATTORNI	EY'S SIGN	NATURE	/s/ Vallrie	Dorsey		

Effective: October 1, 2011